

UCC-3 Form - Amendment

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FILER INFORMATION

Full name: **PETER ST. JEAN** Phone: **401-949-1600**

CONTACT INFORMATION

Contact name: **JASON M. HOLT, ESQ.**

Street #1: **77 ROLFE SQUARE**

Street #2: **P.O. BOX 3611**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

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DEBTOR INFORMATION

Last Name: **MONTALVO** First: **PATRICIA** Middle: **A**

Mailing Address1: **405 POTTERS AVENUE**

City: **PROVIDENCE** State: **RI** ZIP: **02907** Country: **USA**

Last Name: **MONTALVO** First: **TEOFILO** Middle: **S**

Mailing Address1: **405 POTTERS AVENUE**

City: **PROVIDENCE** State: **RI** ZIP: **02907** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **FREEDOM NATIONAL BANK**

Mailing Address1: **PO BOX 275**

City: **GREENVILLE** State: **RI** ZIP: **02828** Country: **USA**

TRANSACTION TYPE: STANDARD

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